

MUSCOGEE (CREEK) NATION

HOUSING DIVISION

P. O. BOX 297

OKMULGEE, OK 74447

(918) 756-8504 1-800-259-5050



**APPLICATION
FOR THE
REHABILITATION OF PRIVATELY OWNED
HOMES PROGRAM**

For Office Use Only

Received By: _____ **Date:** _____ **Time:** _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

County: _____

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED! (This includes signatures, dates and other documentation requested.)

CHECKLIST FOR APPLICATION

Application must be completed and signed in ink. Return application with a copy of the following documents.

- A. _____ Creek Citizenship Card**
- B. _____ Social Security Cards for all household members**
- C. _____ Income verification for anyone 18 or older who is employed in the household**
- D. _____ Unemployed statement from the local State Employment Office (Statement of Earnings).**
- E. _____ Copy of Completed prior year tax forms with W-2s or a Non-Filing status form if no taxes were filed.**
- F. _____ Proof of Ownership (Deed)**
- G. _____ Proof of residency (Utility bill)**
- H. _____ Plat of Survey, if available**

THIS APPLICATION MUST BE COMPLETED AND SIGNED IN INK.

PART A: APPLICANT INFORMATION:

1. Name of Applicant:

_____ (Last) _____ (First) _____ (MI) _____ (Maiden)

2. Address:

_____ (Street and/or P.O. Box and/or RR) _____ (City) _____ (State) _____ (Zip Code) _____ (County)

3. Home Phone Number: _____

Message/Contact Phone Number: _____

Contact Person's Name: _____

Relation: _____

4. Marital Status (Check one): Married _____ Single _____ Other _____

5. Do you possess a Creek Citizenship Card? Yes _____ No _____ Creek Roll # _____

PART B: HOUSEHOLD INFORMATION:

1. How many people permanently live in your home, including yourself? _____

2. List all person(s) living in the household on a permanent basis. Start with the applicant and provide Social Security Numbers for all person(s).

Name	Date of Birth	Social Security Number	Relationship to applicant
			Applicant

PART C: INCOME VERIFICATION:

1. List all permanent household member(s) receiving income, beginning with the applicant.

Name Of Household Member	Source of Income	Monthly Amount

PART D: PROPERTY INFORMATION

1. Is the deed in your name? Yes _____ No _____
2. Do you have an existing mortgage? Yes _____ No _____
3. What year was your home constructed? _____
4. How long have you lived in your home? _____
5. Is a plat of survey available? Yes _____ No _____
(A plat of survey is a layout of the property where the house sets, it shows the definite property description and property pins)
6. Is this a mobile home? Yes _____ No _____
7. Was your home built by Creek Nation Housing Authority? Yes _____ No _____
8. Have you ever applied for Federal funds to receive housing improvement assistance?
Yes _____ No _____

PART E: LOCATING INFORMATION (please be specific):

1. Give detailed directions to the home to be renovated from the closest major intersection:

PART F: REPAIR INFORMATION

1. HEALTH & SAFETY PROBLEMS

IDENTIFY THE PROBLEM _____

- a. **Where is the problem located?** _____
- b. **What caused the problem?** _____
- c. **How long has this been a problem?** _____
- d. **What steps have you taken to repair the problem?** _____

IDENTIFY THE PROBLEM _____

- a. **Where is the problem located?** _____
- b. **What caused the problem?** _____
- c. **How long has this been a problem?** _____
- d. **What steps have you taken to repair the problem?** _____

IDENTIFY THE PROBLEM _____

- a. **Where is the problem located?** _____
- b. **What caused the problem?** _____
- c. **How long has this been a problem?** _____
- d. **What steps have you taken to repair the problem?** _____

2. Give a brief description of the type of housing repairs for which you are applying other than health and safety issues:

COMMENTS:

Applicant's Signature

Date

Spouse's/Other Signature

Date

PART G: OPTIONAL INFORMATION

Does anyone in the household, who is a permanent resident listed on this application, have a severe health problem, handicap, or permanent disability? Yes _____ No _____ If yes, provide name of person(s) _____, and attach two letters from physicians certifying severe health condition, handicap and or disability.

*****Read this certification carefully before you sign and date your application in ink.*****

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. The information in this application will be used for the sole purpose of determining eligibility to receive housing improvement assistance.

Signature of Applicant

Date

Signature of Spouse/Other

Date

MAIL OR RETURN TO:

Muscogee (Creek) Nation Housing Division
Attention: Admissions – Rehabilitation of Privately Owned Homes
P.O. Box 297
Okmulgee, OK 74447
Phone: (918) 756-8504
or Toll Free 1-800-259-5050

WAIVER
LEAD BASE PAINT

The Muscogee (Creek) Nation Housing Division will perform a “Lead Base Paint” test to privately owned homes constructed prior to January 1, 1978 to determine if the home has lead paint.

If the lead base paint test finding is “positive” the Muscogee (Creek) Nation Housing Division is not obligated to eliminate the lead base paint or provide rehabilitation services.

I acknowledge having read, understood and agreed to the above waiver.

Applicant (Print Name)

Signature

Date

INCOME VERIFICATION (AGENCY)

Participant: _____

Account #: _____

Address: _____

of Household: _____

City/State/Zip: _____

USE THIS FORM IF IT APPLIES TO A SOURCE OF YOUR INCOME

The client whose name appears above has indicated that he/she is receiving income from your agency. If you would supply the requested information regarding the income on your client, a prompt reply will be appreciated since we are required to complete our determinations within a specified time.

CLIENT: I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

Signature of Head of Household

Social Security #/Claim Number

Signature of Spouse/Other

Social Security #/Claim Number

Signature

Social Security #/Claim Number

DO NOT WRITE BELOW THIS LINE **AGENCY USE ONLY**

Requesting TPQY Yes _____ No _____

	SSA	SSI	VA	DHS
HEAD OF HOUSEHOLD	\$ _____	\$ _____	\$ _____	\$ _____
SPOUSE/OTHER	\$ _____	\$ _____	\$ _____	\$ _____
OTHERS	\$ _____	\$ _____	\$ _____	\$ _____

Does the recipient receive any other funds from any other source? (i.e. pensions, royalties) If yes, please explain

By: _____

Phone # () _____

Title: _____

Date: _____

INCOME VERIFICATION

Personnel:

Regulations require the Muscogee (Creek) Nation Housing Division to verify the income on families participating in our Modernization of Privately Owned Homes Program. The person whose name appears below has given their written consent for the release of their income to the Muscogee (Creek) Nation Housing Division. This information is for the purpose of determining eligibility only and will be kept confidential.

Applicants Name (Please Print)

Employee Signature

Date

Social Security number

Company Name

Address

Address

City

State

Zip

City

State

Zip

Telephone Number

Telephone Number

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Current Numbers of hours worked per week: _____

If hours vary, state year-to-date earnings: _____

Current base pay rate (gross) \$ _____ WEEKLY BI-WEEKLY MONTHLY YEARLY

Other (Explain) _____

Seasonal: _____ Part-time: _____ Full-time: _____

If seasonal or sporadic employment, give lay-off periods: _____

Date employee hired: _____ Date employee terminated: _____

Employee title: _____

Authorized Representative's Signature

Date

Position/Title

Date

Muscogee (Creek) Nation
Division of Housing
P. O. Box 297, Okmulgee, OK 74447, Ph. (918) 756-8504

**Authorization of Release of Information to the
US Social Security Administration**

USE THIS FORM IF YOU RECEIVE INCOME FROM THE SSA

Applicant: _____

Account #: _____

Address: _____

City/State/Zip: _____

I consent to allow Muscogee (Creek) Nation Housing Division to request and obtain income information from the U.S. Social Security Administration. The income information obtained is for the purpose of verifying my eligibility and benefits under the Muscogee (Creek) Nation housing programs. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

This consent form expires 6 months after signed.

Signature of Head of Household

Social Security Number

Date

Signature of Other Household Member

Social Security Number

Date

Signature of Other Household Member

Social Security Number

Date

Signature of Other Household Member

Social Security Number

Date

**Muscogee (Creek) Nation
Division of Housing**

UNEMPLOYMENT STATEMENT

DATE: _____

TO WHOM IT MAY CONCERN:

**I, _____, hereby state that I am not presently
employed or receiving any other income.**

The only source of income I have is _____.

Applicant's Signature

Date

**Muscogee (Creek) Nation
Division of Housing**

**UNEMPLOYMENT STATEMENT
FAMILY MEMBERS**

DATE: _____

TO WHOM IT MAY CONCERN:

**My _____, as named _____, is presently
not employed or receiving any other income and is solely dependent on me for support
and income.**

Applicant's Signature

Date

Muscogee (Creek) Nation

Division of Housing

NON-FILING STATUS FORM

I, hereby state that I do not file State or Federal Income Tax due to the following reason(s):

PLEASE CHECK ALL THAT APPLY

Not enough income _____

Receiving Child Support _____

Receiving DHS Assistance _____

Receiving Social Security _____

Receiving VA Benefits _____

Receiving SSI _____

I/We certify that the information given is true and correct to the best of my/our knowledge. I/We understand that false statements of information are grounds for termination of Housing Assistance from this agency, and is subject to a \$10,000 fine, imprisonment up to five (5) years.

Applicant (print name)

Spouse (print name)

Applicant Signature Date

Spouse Signature Date

NOTE: **If this is not sufficient documentation of the income status and we have found this statement is incorrect, the Housing Division and HUD does have the right to investigate the applicant.**